## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>02-24-2010</u>	Address:	416 W. Washington St.	
Case #:	<u>16-19532</u>		Tipton, IN 46072	
County:	<u>Tipton</u>			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Check all the Lithium Red Photo Flamma Water R  ☐ Anhydrock Hydrock Corrosiv ☐ Corrosiv	nd: Location (bedroom, kitchen, open a nat apply)  n/Ammonia Reaction(s): N/A  osphorous/Iodine Reaction(s): N/A  able Solvents: garage  Reactive Metal (Lithium): living room  ous Ammonia: N/A  nloric Acid Gas Generator(s): trash  we Acid: trash  we Base: N/A  tem and location): N/A			
Child under age 18 discovered (check one)  Yes 1 (number present)  No *If yes, fax report to Child Protective Services  This report is to be faxed to the following agencies to		☐ Ephedrine☐ Retail/Me ☐ Other: <u>ISI</u>	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: ISP investigation  that serve the location:	
Fire Department: <u>Tipton FD</u> Health Department: <u>Tipton HD</u> Child Protection Service: <u>Region 11</u>		Fax: <u>(765) (</u> Fax: <u>(765) (</u>	Fax: (765) 675-3500 Fax: (765) 675-6952 Fax: (765) 675-2317	
For further I Investigating	nformation regarding this methamphe g Officer: <u>Joshua Maller</u> Phor	etamine laboratory, co ne <u>(765) 473-6666</u>	ntact	

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.